Vanderburgh County Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>09/20/10</u>	Address:	2100 BLK MAXWELL AVE
Case #:	1 <u>0-20928</u>		<u>EVANSVILL,IN</u>
County:	<u>VANDERBURGII</u>		
Type of L	aboratory Seizure (check one)	Seiznre Location (check all that apply)
 ☑ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only) 		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
(check all t Lithium Red Pla Flamm Water Hydrod Anhydd Corrosi	n/Ammonia Reaction(s): ONE POT nosphorous/Iodine Reaction(s): nable Solvents: ONE POT Reactive Metal (Lithium): ONE POT chloric Acid Gas Generator(s): 58 rous Ammonia: ive Acid: IICL GENERATOR ive Base: ONE POT		
Child und Yes No Childre Childre Living con Estimated Additional	item and location): ler age 18 discovered (check appropri (number present) en not present but evidence they resideditions of home: [] clean [] disample disample the following had been faxed to the following a	le or visit often ay unclean en occurring: gencies that serve the	
Health Dep	tment: YES partment: <u>YES</u> nt of Child Services;	Fax: <u>435-6</u> Fax: <u>435-5</u> Fax:	871
	information regarding this methamp		ontact

This form is to be faxed to the Fire Department, Health Department and/or Department of Child Services listed within 24 hours of scene processing.